

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	JMC	71020	9/13/99
O.I.P.E. CLASSIFIER			7/20/99
FORMALITY REVIEW		(666666) 49	7/20/99

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral) Canceled A ..... Appeal  
 + ..... Restricted O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/1/99
2	✓	✓	9/1/99
3	✓	✓	9/1/99
4	✓	✓	9/1/99
5	✓	✓	9/1/99
6	✓	✓	9/1/99
7	✓	✓	9/1/99
8	✓	✓	9/1/99
9	✓	✓	9/1/99
10	✓	✓	9/1/99
11	✓	✓	9/1/99
12	✓	✓	9/1/99
13	✓	✓	9/1/99
14	✓	✓	9/1/99
15	✓	✓	9/1/99
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43	✓	✓	9/1/99
44	✓	✓	9/1/99
45	✓	✓	9/1/99
46	✓	✓	9/1/99
47	✓	✓	9/1/99
48	✓	✓	9/1/99
49	✓	✓	9/1/99
50	✓	✓	9/1/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here